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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

THOMAS JACKSON

CV

Write the full name of each plaintiff.

(Include case number if one has been assigned)

-against-

AMENDED
COMPLAINT
(Prisoner)

SERGEANT THOMAS KNIGHT, NURSE ANNE BASIL,

C.O. EDWIN SANTOS, C.O. LAWTON BROWN, C.O.

VINCENTE SANTIAGO, C.O. RENEE CURRY, C.O. PATRICK

Do you want a jury trial?

☒ Yes ☐ No

BAILEY, SERGEANT CARLOS ACEVEDO, sued in their individual capacities

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: 8th Amendment cruel and unusual and 1st amendment right

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>Thomas</u>	<u>I</u>	<u>Jackson</u>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Upstate Corr. Fac.

Current Place of Detention

P.O. Box 2001

Institutional Address

<u>Malone</u>	<u>New York</u>	<u>12953</u>
County, City	State	Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced prisoner
- ☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Thomas Knight
 First Name Last Name Shield #
 Sergeant
 Current Job Title (or other identifying information)
 Sing Sing Correctional Facility, 354 Hunter Street,
 Current Work Address
 Ossining, NY 10562
 County, City State Zip Code

Defendant 2:

Anne Basil
 First Name Last Name Shield #
 Nurse
 Current Job Title (or other identifying information)
 Taconic Correctional Facility, 250 Harris Road,
 Current Work Address
 Bedford Hills, NY 10507
 County, City State Zip Code

Defendant 3:

Carlos Acevedo
 First Name Last Name Shield #
 Sergeant
 Current Job Title (or other identifying information)
 Sing Sing Corr. Fac. 354 Hunter Street,
 Current Work Address
 Ossining, NY 10562
 County, City State Zip Code

Defendant 4:

Vincente Santiago
 First Name Last Name Shield #
 C.O.
 Current Job Title (or other identifying information)
 Sing Sing Corr. Fac., 354 Hunter Street,
 Current Work Address
 Ossining, NY 10562
 County, City State Zip Code

Defendant 8: Renee

First Name

Corry

Last Name

Shield #

C.O.

Current Job title

Sing Sing Corr. Fac., 354 Hunter Street,
Current work Address

Ossining
County, City

NY
State

10562
Zip Code

Defendant 5: Edwin

Santos

First Name

Last Name

Shield #

C.O.

Current job title

Sing Sing Corr. Fac., 354 Hunter Street,
Current work AddressOssining
county, cityNY
State10562
zip code

Defendant 6: Lawton

Brown

First Name

Last Name

Shield #

C.O.

Current job title

New York state Department of corr. and community supervision, ¹²²⁰Washington AVE.,
Current work AddressAlbany
county, cityNY
State12226
zip code

Defendant 7: Patrick

Bailey

First Name

Last Name

Shield #

C.O.

Current job title

Sing Sing Corr. Fac., 354 Hunter Street,
Current work AddressOssining
county, cityNY
State10562
zip code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Sing Sing Corr. Fac., 354 Hunter St., Ossining, NY 10562

Date(s) of occurrence: 9/17/2017

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On 9/17/2017, plaintiff was taken out of his cell, which was Z gallery (Block 31 Cell). Plaintiff was taken out of his cell by officer Acevedo who put plaintiff in handcuffs behind his back at 8:00 AM. Officer Acevedo started to escort the plaintiff down Z gallery, and stated to plaintiff, "we will get you out of Sing Sing one way or another, because you like to try to write grievances." Plaintiff was then escorted by C.O. Acevedo in front of 7 building. There was six officers and a sergeant waiting in front of 7 building. C.O. Acevedo held on to the plaintiff's handcuffs from behind while officer Brown punched plaintiff with a punch to the stomach, and plaintiff dropped to the floor in pain. C.O.'s Brown, Santiago, Santos, and Acevedo started kicking, punching, stomping and pushing plaintiff all over his body while Sergeant Knight stood by and did nothing. Plaintiff was then dragged into an area, which was a waiting area for inmates in the prison hospital. The C.O.'s continued to beat plaintiff for about ten minutes. Plaintiff was still in handcuffs. Sergeant Knight stated to plaintiff during the beat down, "we got

you, I bet you will not try to file another grievance on Sergeant Pagan, or beat another ticket." Plaintiff was brought in handcuffs to see nurse Basil who refused to take a statement and provide medical attention to the plaintiff. Plaintiff complained to the ~~nurse~~ nurse that he was beat by officer^s while in handcuffs and that he has back and leg pains and needed to go to the outside hospital. Nurse Basil only documented one laceration on plaintiff's wrist to try and cover up the injuries from the assault by the officers. Plaintiff was taken →

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Plaintiff was giving a MRI, which came back positive for injury to left upper thigh that has a secondary tear in the muscle and internal bleeding. Plaintiff received a walker, bed rest in the infirmary, medical shower pass, pain medication physical therapy, a powder substance to use the bathroom everyday, administered an enema three times, plaintiff also has a permanent lump in left leg, and back pain.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

The actions of defendants Knight, Acevedo, Santiago, Santos, Brown, in using physical force against the plaintiff without need or provocation, or in failing to intervene to prevent the misuse of force, were done maliciously and sadistically and constituted cruel and unusual punishment in violation of the eighth Amendment of the United States constitution. Award ~~compensatory~~ damages in the following amounts: 1. \$100,000 jointly and severally against defendants Knight, Acevedo, Santiago, Santos, Brown for the physical and emotional injuries sustained as a result of the beating. 2. \$50,000 against defendant Basil for the physical and emotional injury resulting from failure to provide adequate medical care to plaintiff. Award punitive damages in the following amounts: 1. \$50,000 each against defendants Knight, Acevedo, Santiago, Brown Basil, Curry and Bailey, Santos.

to the box by C.O. Pernaïro and C.O. Moore. Plaintiff told the officers that he was in pain and that he was assaulted and set up. Plaintiff was in great pain and could not move, plaintiff started to vomit all over his cell floor. Plaintiff was taken back to ~~med~~ medical in a wheel chair by officer Moore. Nurse Basil gave plaintiff something for his throat so the acid does not burn plaintiff's throat. Plaintiff was complaining to nurse Basil about the pain in his body from the assault by the officers. The nurse refused to send plaintiff to the outside hospital. Plaintiff was sent back to the box in a wheel chair. Plaintiff was sent back to medical because he was in so much pain and was having breathing problems. Nurse Basil refused to give plaintiff medical attention again by not sending plaintiff to the outside hospital. Plaintiff wrote a grievance on 9/17/2017, while in the box about the retaliation and physical assault and lack of medical treatment. Plaintiff gave his grievance to an unidentified officer. Plaintiff was transferred to another prison because of a fabricated misbehavior report to cover up the assault. Officer Curry and Bailey fabricated a misbehavior ~~to~~ report to cover up the retaliation and assault. Plaintiff also has exculpatory evidence to show that he was in his cell during the time in question in the misbehavior report. Plaintiff has a "Go around sheet" which states the plaintiff was in his cell. This is the second time plaintiff was set up with fabricated charges out of retaliation for trying to file a grievance.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>11/15/2020</u>		<u>Thomas Jackson</u>
Dated		Plaintiff's Signature
<u>Thomas</u>	<u>I</u>	<u>Jackson</u>
First Name	Middle Initial	Last Name
<u>UPState Corr. Fac. P.O. Box 2001</u>		
Prison Address		
<u>Malone</u>	<u>NY</u>	<u>12953</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 11/15/2020

Upstate Corr. Fac.
P.O. Box 2001
Malone, New York 12953
Name: Thomas Jackson
D.in-12A3039

Upstate
★
Correctional Facility

1.20
neopost
11/17/2020
US POSTAGE \$001.20⁰⁰
ZIP 12953
041L11251145

USMP3
SDNY

TO: PRO SE intake unit
500 Pearl Street
Room 200, NY, New York 10007

Legal
Mail

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